# Field Maintenance Report Form

Person Calling: _____

Date/Time Called: _____

Address: _____

Phone: _____

Operator Responding: _____

Date/Time Responded: _____

Total Field Time: _____

Total Travel Time: _____

## Service Calls

Type of System: _____

**Meter Readings** (refer to ETM/CT Log & Worksheet)

Days Since Last Reading: _____

Today's CT: _____

Today's ETM: _____

Frequency (CT/Days): _____

☐ Normal ☐ High ☐ Low

Duration (Min./Cycle): _____

☐ Normal ☐ High ☐ Low

Typical average daily flow: _____

Typical average weekly flow: _____

**Pump Test**

Pump #1: Tank Pump

Voltage at Rest: _____

Voltage while Pumping: _____

Amps while Pumping: _____

Pumping Head (Ft.): _____

Shutoff Head (Ft.): _____

Drawdown Time (Min. & Sec.): _____

Drawdown Depth (Inches): _____

Pump #2: Discharge Pump

Voltage at Rest: _____

Voltage while Pumping: _____

Amps while Pumping: _____

Pumping Head (Ft.): _____

Shutoff Head (Ft.): _____

**Odor**

Normal: ☐ Musty ☐ Earthy ☐ Moldy

Pungent: ☐ Sulfite ☐ Cabbage ☐ Decay

Method of Detection: _____

**Squirt Height:** _____

**Valve Position at Departure**

Hose & Valve Assembly: ☐ Open ☐ Closed

End of Laterals: ☐ Open ☐ Closed

**Control/Alarm Switch at Departure**

MOA: ☐ Manual ☐ Off ☐ Auto

CB: ☐ On ☐ Off

**Repair:** _____

**Replace:** _____

## Alarm Call Addendum

**Conditions Leading to Call**

☐ Alarm ☐ Tank Overflow

☐ Odor ☐ Surface Runoff

☐ Noise ☐ Sewage Backup

☐ Other: _____

**Odor**

Normal: ☐ Musty ☐ Earthy ☐ Moldy

Pungent: ☐ Sulfite ☐ Cabbage ☐ Decay

Date/Time Discovered: _____/ _____

Method of Detection: _____

**Alarm**

☐ High Liquid Level

☐ Low Liquid Level

☐ Off

**Pump**

☐ On

☐ Off

**Tank Liquid Level**

☐ Normal

☐ High

☐ Low

**Circuit Breaker**

☐ On

☐ Off

☐ Tripped

☐ Switched

**Cause of Malfunction**

| Mechanical | Physical or Process-Related |
|---|---|
| ☐ Control Panel | ☐ Power |
| ☐ Pump | ☐ Back Pressure |
| ☐ Float Switch | ☐ Air Bound |
| ☐ Screened Vault | ☐ Sludge & Scum |
| ☐ Hose & Valve | ☐ Clog |
| ☐ Check Valve | ☐ Infiltration/Inflow |
| ☐ Building Sewer | ☐ Exfiltration |
| ☐ Service Line | ☐ Siphoning |
| ☐ Other: _____ | ☐ Other: _____ |

**Repair:** _____

**Replace:** _____

**Observation:** _____

**Action:** _____

**Comment:** _____

# Field Sampling Report Form

Date: _____
Inspector: _____
Address: _____
System Type: _____

The following effluent tests can be easily and routinely performed in the field. Perform annually, or as frequently as necessary per the methodology indicated. For AXN systems, there is to be a minimum of four sampling events the first two years and then annual sampling thereafter. Record your results/observations in the space provided:

| Parameter | Methodology | Typical | Field Observations | Pre-Test Lab Concurrence |
|---|---|---|---|---|
| Clarity | Visual[1] | Clear (15± JTUs or NTUs) | _____ | _____ |
| Odor | Sniff[2] | Non-offensive (no smell of rotten eggs or cabbage; a musty, earthy, or moldy odor is normal) | _____ | _____ |
| Oily film | Visual; inside tank | None (no red, blue, green, or orange sheen) | _____ | |
| Foam | Visual; inside tank | None | _____ | |
| pH | Field | 6-9 | _____ | |
| | | | Date_____ | Date: _____ |
| | | | _____ Signature Field Sampler | _____ Signature Lab Technician |

[1] *To check for clarity, service providers can carry a lab-prepared sample bottle or bottles with known turbidities of 15 JTU s and 30 JTUs, to compare against, or can use a portable turbidity meter. Always put effluent sample in a clear glass container or beaker to evaluate clarity. Using a small, removable sticker, write the date, place it low on the beaker, and photograph for documentation.*

[2] *To check for odor, service providers can simply sniff the effluent sample with the assistance of an olfactory snifter device and/or sulfide odor measuring packet. Whenever possible, interview system users about odor occurrences and request user's assistance in verifying or detecting odors.*